

General

Title

Imaging efficiency: percentage of patients with mammography screening studies that are followed by a diagnostic mammography, ultrasound or MRI of the breast in an outpatient or office setting within 45 days.

Source(s)

Centers for Medicare and Medicaid Services (CMS). Hospital outpatient quality reporting specifications manual, version 11.0. Baltimore (MD): Centers for Medicare and Medicaid Services (CMS); Effective 2018 Jan. various p.

Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation, The Lewin Group. Mammography follow up rates (OP-9): 2017 annual reevaluation report. Baltimore (MD): Centers for Medicare & Medicaid Services (CMS); 2017. 31 p.

Measure Domain

Primary Measure Domain

Related Health Care Delivery Measures: Use of Services

Secondary Measure Domain

Clinical Efficiency Measures: Efficiency

Brief Abstract

Description

This measure is used to assess the percentage of patients with mammography screening studies that are followed by a diagnostic mammography, ultrasound of the breast, or magnetic resonance imaging (MRI) of the breast in an outpatient or office setting within 45 days.

Rationale

From the perspective of both clinical quality and efficiency, there are potentially negative consequences if the mammography follow-up rate is either too high or too low. A high cumulative dose of low-energy

radiation can be a consequence of too many false-positive mammography follow-up studies. Radiation received from mammography may induce more cancers in younger women or those carrying deleterious gene mutations, such as *BRCA-1* and *BRCA-2*. Additional imaging and biopsies after a screening mammography can also result in overdiagnosis among patients who do not have breast cancer, increasing their anxiety and distress. Alternatively, inappropriately low follow-up rates may lead to delayed diagnoses or undetected cases of breast cancer (Oregon Health & Science University, 2009).

Evidence for Rationale

Oregon Health & Science University. Screening for breast cancer: systematic evidence review update for the U.S. Preventive Services Task Force. Prepared for: Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services. Portland (OR): Oregon Health & Science University; 2009.

Primary Health Components

Screening mammography; diagnostic mammography; ultrasound; magnetic resonance imaging (MRI)

Denominator Description

The number of patients who had received a screening mammography study (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Of studies identified in the denominator, the number of studies with diagnostic mammography, ultrasound, or magnetic resonance imaging (MRI) of the breast (i.e., on the same date or within 45 days of the screening mammography study) (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A systematic review of the clinical research literature (e.g., Cochrane Review)

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

See "Mammography Follow Up Rates (OP-9): 2017 Annual Reevaluation Report" for a literature review summarizing clinical guidelines and other scientific evidence relevant to the importance and scientific acceptability of this outpatient imaging efficiency measure.

Evidence for Additional Information Supporting Need for the Measure

Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation, The Lewin Group. Mammography follow up rates (OP-9): 2017 annual reevaluation report. Baltimore (MD): Centers

Extent of Measure Testing

During the measure development process, the Centers for Medicare and Medicaid Services (CMS) completed testing of the measure's specifications, including evaluation of the measure's scientific acceptability and feasibility of implementation by a Technical Expert Panel. A dry run, evaluating measure performance at each facility eligible for public reporting, was performed prior to measure implementation; no major stakeholder concerns were raised about the specifications, feasibility, or usability at that time. CMS continues to monitor stakeholder inquiries for concerns about measure calculation or scientific acceptability; feedback received through this vehicle will feed into the measure update cycle, as appropriate.

Evidence for Extent of Measure Testing

McKiernan C. (Consultant, The Lewin Group, Falls Church, VA). Personal communication. 2016 Feb 9. 1 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Ambulatory Procedure/Imaging Center

Hospital Outpatient

Transition

Type of Care Coordination

Coordination across provider teams/sites

Coordination within a provider team/site

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Unspecified

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Priority

Effective Communication and Care Coordination

Making Quality Care More Affordable

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Not within an IOM Care Need

IOM Domain

Effectiveness

Efficiency

Data Collection for the Measure

Case Finding Period

July 1 to May 15

Denominator Sampling Frame

Enrollees or beneficiaries

Denominator (Index) Event or Characteristic

Diagnostic Evaluation

Encounter

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

The number of patients who had received a screening mammography study

Initial Patient Population: This measure applies only to Medicare beneficiaries enrolled in original, fee-for-service (FFS) Medicare who were treated as outpatients in hospital facilities reimbursed through the Outpatient Prospective Payment System (OPPS). These measures do not include Medicare managed care beneficiaries, non-Medicare patients, or beneficiaries who were admitted to the hospital as inpatients.

Beneficiaries included in the measure's initial patient population had documentation of a mammography screening performed from July 1 through May 15 during the measurement period. Beneficiaries can be included in the measure's initial patient population multiple times; each mammography screening performed at a facility measured by OPPS is counted once in the measure's denominator.

Note: Refer to the original measure documentation for Current Procedural Terminology (CPT) code categories and corresponding organizational ID (OID) codes for the value set in the Value Set Authority Center (VSAC).

Exclusions

None

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Of studies identified in the denominator, the number of studies with diagnostic mammography, ultrasound, or magnetic resonance imaging (MRI) of the breast (i.e., on the same day or within 45 days of the screening mammography study)

Note: Refer to the original measure documentation for Current Procedural Terminology (CPT) code categories and corresponding organizational ID (OID) codes for the value set in the Value Set Authority Center (VSAC).

Exclusions

None

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

OP-9 Calculation Algorithm

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a score falling within a defined interval

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Prescriptive Standard

For this measure, facility performance rates that are less than 14% but are not to 0% are likely recalling an appropriate number of beneficiaries following a screening mammogram. If a facility's score is too close to 0%, that facility may be missing cases of cancer; if their score is above 14%, the facility may be recalling too many beneficiaries for follow-up imaging.

Evidence for Prescriptive Standard

Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation, The Lewin Group. Mammography follow up rates (OP-9): 2017 annual reevaluation report. Baltimore (MD): Centers for Medicare & Medicaid Services (CMS); 2017. 31 p.

Identifying Information

Original Title

OP-9: imaging efficiency measure: mammography follow-up rates.

Measure Collection Name

Hospital Outpatient Quality Measures

Measure Set Name

Imaging Efficiency

Submitter

Centers for Medicare & Medicaid Services - Federal Government Agency [U.S.]

Developer

Centers for Medicare & Medicaid Services - Federal Government Agency [U.S.]

Funding Source(s)

United States Department of Health and Human Services

Composition of the Group that Developed the Measure

Centers for Medicare & Medicaid Services (CMS) Contractor

Financial Disclosures/Other Potential Conflicts of Interest

None

Measure Initiative(s)

Hospital Compare

Hospital Outpatient Quality Reporting Program

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2018 Jan

Measure Maintenance

This measure is reevaluated annually by responding to stakeholder input and incorporating advances in the science or changes in coding.

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates previous versions:

Centers for Medicare and Medicaid Services (CMS). Hospital outpatient quality reporting specifications manual, version 10.0a. Baltimore (MD): Centers for Medicare and Medicaid Services (CMS); Effective 2017 Jan 1. various p.

Yale-New Haven Health Services Corporation/Center for Outcomes Research and Evaluation (YNHHSC/CORE), The Lewin Group. Mammography follow-up rates (OP-9) annual reevaluation report. Baltimore (MD): Centers for Medicare & Medicaid Services (CMS); 2016. 28 p. [19 references]

Measure Availability

Source available from the [QualityNet Web site](#) .

Check the QualityNet Web site regularly for the most recent version of the specifications manual and for the applicable dates of discharge.

NQMC Status

This NQMC summary was completed by ECRI Institute on August 29, 2012. The information was verified by the measure developer on November 26, 2012.

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Production

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